TB alert INDIA

for a future without tuberculosis

ANNUAL IMPACT REPORT

# 2025

# Together for Better Health

Community action, early diagnosis and sustained care

OPENING

# Care, connected




TB AT THE CENTRE

## People do not experience health conditions in isolation.

In 2025, TB Alert India connected communities with screening and sustained care. Take Charge strengthened frontline referrals, and Divine brought TB services closer to homes in Delhi. Paediatric TB improved access for children. BreatheSafe-360 and C-19 camps integrated respiratory and NCD care. IMPACT India supported community leadership, while Project Sanjeevani provided nutrition support across nine states.

**Recognise earlier.**

**Connect to the right care.**

**Support every step.**

IMPACT DASHBOARD

# 2025 at a glance

**64,147**
**people screened for TB**
January-December 2025

**53,030**
**people screened at camps**
January-December 2025

**1,003**
**new TB notifications**
January-December 2025

**4,669**
**TB Vijetas trained**
210 training batches in 2025

**2,165**
**frontline workers trained**
January-December 2025

**6,731**
**children screened via QR**

**486/1,058**
**GPs with TB Mukt status**

**795**
**successful DSTB outcomes**
90.4% treatment success

**JANUARY-DECEMBER 2025 | Community engagement, early diagnosis and continuity of care.**

# Where care meets community

IMPACT India strengthened community ownership through TB Vijetas and Panchayati Raj Institutions. Its Panchayat work covered a population of 2,295,450, bringing local leaders into TB indicator reviews, referrals and support. TB Vijetas recorded 29,256 patient-support contacts, 84,512 advocacy contacts and 106,520 awareness contacts, helping communities remain connected with public health services.




Nutrition support alongside treatment and follow-up.

**IMPACT INDIA FOOTPRINT**

**1,058**

Programme Gram Panchayats in Ambala, Moga and Karimnagar

**16 DISTRICTS**

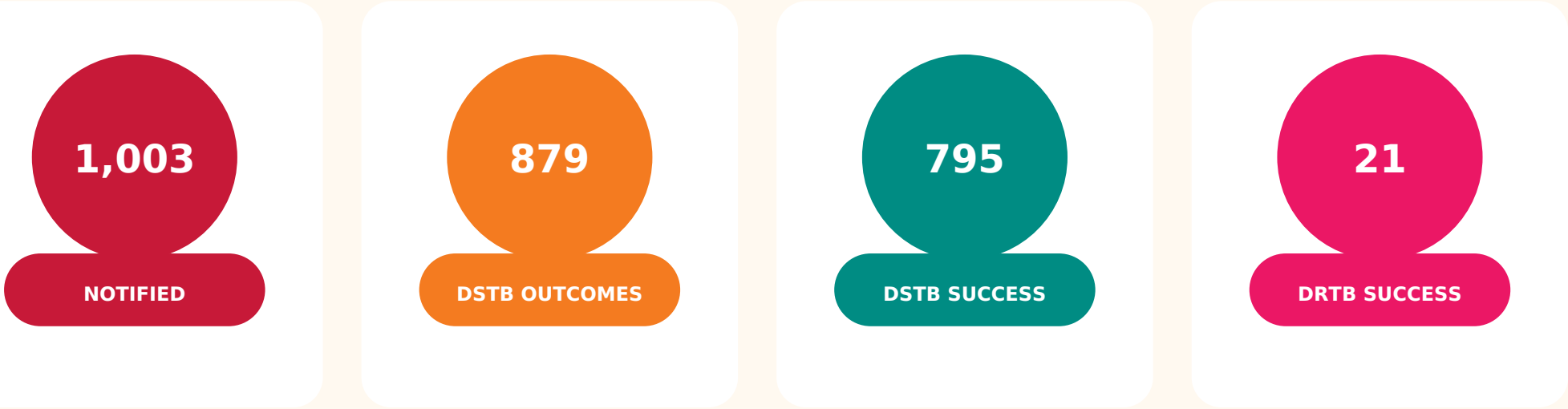
Telangana, Punjab, Haryana and Chandigarh UT

**COMMUNITY OWNERSHIP**

TB Vijetas and PRIs support local action and continuity of care.

# Staying connected through treatment

In Delhi, Divine brought diagnostic and treatment support closer to neighbourhoods through community diagnostic centres and local DOT services. Frontline workers recognised symptoms, facilitated testing and counselled families. Regular follow-up and links to government support helped people with drug-sensitive and drug-resistant TB remain connected with care throughout treatment.

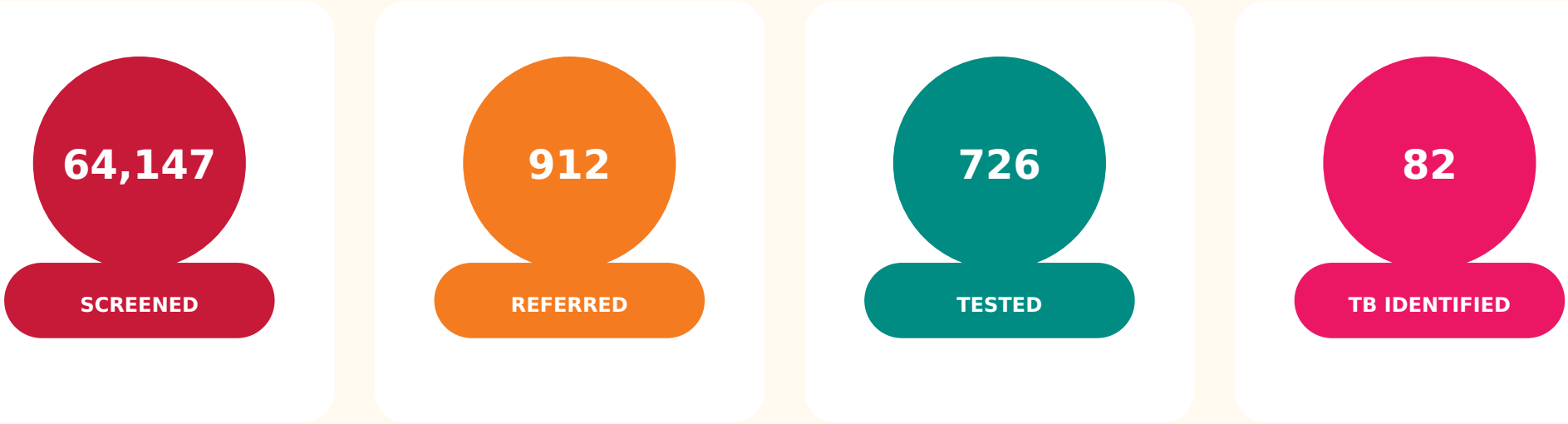



Among successful drug-sensitive TB outcomes, 332 people were cured and 463 completed treatment. For drug-resistant TB, 14 people were cured and seven completed treatment.

**Treatment success: 90.4% of 879 DSTB outcome records and 60.0% of 35 DRTB outcome records.**

# From community screening to diagnosis

Take Charge Against TB strengthened the competence, connection and confidence of frontline workers across Delhi, Pune and Hyderabad. The programme trained 2,165 workers to recognise symptoms, screen households and guide referrals. Counselling and reinforcement messages supported timely care-seeking, with an estimated 344,776 community members reached during January-December 2025.




Delhi screened 13,887 people and identified 28 people with TB. Pune screened 4,506 and identified 30. Hyderabad screened 45,754 and identified 24. Frontline follow-up helped referrals reach testing.

**79.6% of referrals completed diagnostic testing, connecting early identification with timely diagnosis.**

# One visit. More complete care.

C-19 integrated health camps brought TB, diabetes and hypertension screening to underserved rural, semi-urban and urban communities in Faridabad and Hisar. AI-assisted chest X-rays guided further assessment, while NAAT testing and referral connected people with diagnosis and treatment. The programme concluded in December 2025. The results below cover February 2024-December 2025.

**80,374**

**CHEST X-RAYS**

People screened

**20,381**

**AI FINDINGS**

TB or other chest abnormality

**19,401**

**NAAT TESTED**

Diagnostic testing

**482**

**TB IDENTIFIED**

People with TB

**477**

**TREATMENT**

People started on treatment

Alongside TB screening, 1,822 people were confirmed with diabetes and 1,722 with hypertension. Integrated camps offered a practical entry point to identify multiple health needs and guide people to appropriate public health services.

Screening, clinical assessment and treatment linkage came together through one community platform.

# Annual screening and clinical capacity

The Integrated Paediatric TB and Technology-Enabled Active Case Finding programme worked in Telangana. Paediatric referrals and hub-site training covered eight districts; technology-enabled active case finding reached seven districts. Clinical training, frontline sensitisation and QR referrals strengthened identification, diagnostic linkage and follow-up through public and private providers.

**SCREENING CAMPS**

**1,061** camps conducted

**CAMP SCREENING**

**53,030** people screened

**CXR RESULTS**

**3,397** abnormal results

**QR REFERRALS**

**6,731** children screened

**HUB-SITE DOCTORS**

**349** doctors trained

**HUB-SITE NURSES**

**109** nurses trained

**ASHAs**

**7,560** sensitised

**ANMs**

**1,570** sensitised

**CHOs**

**254** sensitised

**Annual screening, clinical capacity building and frontline sensitisation strengthened paediatric TB services.**

# A fuller answer to breathlessness

BreatheSafe-360 reached industrial workers exposed to silica dust in stone cutting, crushing and polishing settings. In 2025, 21,751 people were screened for TB and chronic respiratory diseases. Of 4,845 people with TB-like symptoms, 4,053 completed TB testing and 173 were identified with TB. The programme also provided 5,804 medical officer evaluations to guide respiratory care.




**BreatheSafe-360: lung-health assessment in an industrial setting.**

**16,164**
**spirometry tests**
Objective lung-function assessment

**5,042**
**abnormal results**
People needing clinical attention

**1,142**
**asthma linkages**
Screening moved toward care

**366**
**COPD linkages**
Respiratory needs addressed

Peer educators connect workers with assessment, counselling and follow-up.

WHOLE-PERSON CARE

# Health beyond a single diagnosis

C-19 health camps integrated diabetes and hypertension screening with TB services in Faridabad and Hisar. Project Sanjeevani provided nutrition support across nine states, prioritising vulnerable people with TB, including women, children and people with co-existing health conditions. Counselling and respectful engagement helped address the wider needs that influence care-seeking and recovery.

DIABETES

**31,577**

C-19 camps | February 2024-December 2025

HYPERTENSION

**38,352**

C-19 camps | February 2024-December 2025

NUTRITION

**3,300+**

Project Sanjeevani | nutrition support

WELLBEING

**PERSON-CENTRED**

Respect, counselling and connection

CAPACITY

# People make the pathway work

Training connected programme roles with everyday practice. Take Charge strengthened symptom recognition and referral. Paediatric TB training equipped facility and community cadres to identify children needing assessment. IMPACT India developed survivor leadership. Drug-resistant TB workshops enabled clinicians and programme teams to exchange experience on newer regimens.



Annual capacity building through community training.

**4,669**

**TB Vijetas trained**
**IMPACT | 2025**

**2,165**

**FLHCWs trained**
**TCAT | 2025**

**356**

PHC medical officers
Paediatric TB | 2025

**475**

ASHA supervisors
Paediatric TB | 2025

Clinical guidance, communication skills and supportive follow-up helped trained cadres turn knowledge into timely referrals and care.

# Shared learning. Stronger systems.

Consultations supported practical changes across programmes. Paediatric TB meetings aligned NTEP, child-health teams and private providers on screening and referral. Drug-resistant TB workshops shared clinical experience on newer regimens. IMPACT India engaged Panchayat departments to clarify responsibilities and embed TB activities in local development plans.




State-level training of district nodal officers on TB Mukt Panchayat.

## CONSULTATIONS AND RESULTS

- **IAP + NTEP**
  **Private providers aligned on screening and referral.**
- **CHILD HEALTH**
  **NTEP, NHM and WCD coordinated district action.**
- **DR-TB LEARNING**
  **Delhi: over 60 participants.**
  **Bhopal: 117 participants.**
- **PRI COORDINATION**
  **Officials from 63 of 77 districts reached in 3 states.**

Clinical exchange and local planning strengthened coordination between community and health services.

# Innovation, close to where people live

Programme innovations addressed different barriers to care. BreatheSafe-360 combined AI-enabled chest X-ray and spirometry with digital tracking. Paediatric TB used QR referrals to connect children with screening. Take Charge reinforced frontline learning and referral practice, while IMPACT India established Gram Panchayat TB Elimination Committees (GPTECs) for local monitoring and action.








**BS360 DIGITAL TOOLS**
**App-based tracking of screening and referrals**

**TAKE CHARGE**
**Reinforcement messages sustained frontline engagement**

**PAEDIATRIC QR REFERRALS**
**6,731 children connected to screening in 2025**

**IMPACT GPTECs**
**225 committees formed in Karimnagar**

Radio Chitkara and academic engagement widened TB advocacy, with an estimated 3 million listener reach. Community tools complemented clinical technology by building trust and supporting continued engagement.

CASE STUDY 01

# Bhagya: healing, then leading



KARIMNAGAR, TELANGANA

**Bhagya, a 28-year-old mother, developed TB during pregnancy. Limited awareness delayed care and led to a 45-day hospitalisation.**

Despite treatment side effects, she completed treatment and recovered. Today, she is a TB Champion who speaks in community meetings so other women seek care earlier.

**“I don’t want any other woman to wait and suffer like I did. TB can be cured - if you act in time.”**

CASE STUDY 02

# Yashoda: back to school, TB-free

SANGAREDDY, TELANGANA

**Ten-year-old Yashoda was diagnosed with pulmonary TB in 2024. Weighing only 19 kg, she was at risk of being lost to follow-up when her family stopped attending appointments.**

Consistent counselling helped bring the family back into care. By June 2025, Yashoda had completed treatment, gained 5 kg and was declared TB-free.

**She returned to school with renewed energy - a result of treatment, follow-up and family engagement working together.**



INNOVATION | INTEGRATED LUNG HEALTH

# From screening to connected care

BreatheSafe-360 combines field-based screening, near-point-of-care tools and clinical referral to identify TB, asthma and COPD among workers and nearby communities.

01 / TECHNOLOGY

### AI-supported chest X-ray + spirometry

The project uses chest X-ray and lung-function testing to assess respiratory risk and guide further clinical evaluation.

02 / PRACTICAL TRAINING

### Live demonstrations and symptom scoring

Staff receive structured training and live spirometry demonstrations. The assessment pathway uses mMRC and CAT tools to assess breathlessness and COPD symptom burden.

03 / FOLLOW-UP

### Digital MIS and Ni-kshay validation

Field teams enter screening and referral information into project MIS; TB notification and treatment records are validated with Ni-kshay, with dashboard reviews guiding follow-up.

04 / COMMUNITY REACH

### Peer educators and women's self-help groups

Peer educators and women's self-help groups mobilise people for screening, counselling, referral completion and linkage to care.

**INNOVATION IN PRACTICE: combine objective testing, trusted community actors and documented follow-up.**

# A model designed for scale

The lung-health experience presentation identifies implementation practices that helped integrate occupational and community screening with public-health systems.

01 / DECENTRALISED ACCESS

## Industry and community health camps

Integrated camps and individual or small-group screening bring TB and chronic respiratory assessment closer to people exposed to dust.

02 / TRUST AND ACCESS

## Industry management and worker networks

Working with industry management, labour intermediaries and government departments helps reach workers who may otherwise miss routine services.

03 / CLINICAL LINKAGE

## Medical officer assessment and care

People with respiratory symptoms or abnormal tests are referred for medical officer evaluation, appropriate treatment and follow-up, including counselling on smoking cessation and pulmonary rehabilitation.

04 / CONTINUOUS IMPROVEMENT

## Data quality and patient feedback

Data-quality visits, patient interactions, prescription records and programme dashboards help teams review results and improve referral and care pathways.

**LESSON: sustained engagement and public-system coordination are essential to integrated service delivery.**

# Our programmes and supporters

Updated from the supplied 2025 programme and donor register. Programme-specific collaborators and funding relationships are retained as stated in that register.

| PROGRAMME | DONOR / SUPPORTING PARTNER |
|---|---|
| DIVINE Project | **TB Alert / TB Alert UK** |
| IMPACT India | **KHPT** |
| Integrated Paediatric TB Services and Technology-Enabled ACF | **SAATHII** |
| BreatheSafe-360 | **Stop TB Partnership** |
| Strengthening ACF through Integrated Health Camps (C-19) | **CHAI** |
| Take Charge Against TB – Dual Activation Project | **PATH** |
| Sanjeevani – Nutritional Support for People Affected by TB | **Johnson & Johnson** |
| C-PAT Project | **The Hans Foundation** |
| CAP DR-TB – Community Action for Prevention of Drug-Resistant TB | **Stop TB Partnership** |
| Upskilling Frontline Healthcare Workers for Equity in TB Care | **Johnson & Johnson** |

Acknowledgement: With thanks to NTEP and public-health, technical and community collaborators.

LOOKING AHEAD

# 2026: make every connection count

**01** **Improved integrated service delivery**

Connect TB and NCD services through screening, referral, treatment and sustained follow-up.

**02** **Increased community ownership**

Strengthen community-led action and monitoring through TB Vijetas and local institutions.

**03** **Differentiated care model**

Align care and support with each beneficiary’s clinical, social and nutritional needs.

**04** **Research and dissemination**

Generate and share evidence for wider reach, replication and scale up.

**TB plus NCDs: integrated, responsive care shaped by communities and strengthened by evidence.**